

and museum—objects come and go, but there is mainly keeping. The difference lies in the capacity to keep things indefinitely: it is virtue for museums but a predicament for households of aging adults. Museums model ideals of permanence and responsibility toward things, ideals that, in the long run, households can only faintly attain. For older adults and for gerontologists, preservation is the wrong lesson to take away from the galleries. Rather, what we can learn there is how single, selected things can show, in a thoughtful way, an entire world of ideas and universe of meaning. No need to keep it all—and forever—but we can honor things while we can.

SESSION 1495 (SYMPOSIUM)

INTEREST GROUP SESSION—ALZHEIMER'S DISEASE AND RELATED DIMENTIAS: OPPORTUNITIES AND CHALLENGES TO DEVELOPING AND TESTING PRAGMATIC ADRD INTERVENTIONS

Chair: Abraham A. Brody, *NYU Rory Meyers College of Nursing, New York, United States*

Discussant: Laura N. Gitlin, *Drexel University, Philadelphia, Pennsylvania, United States*

Many clinical trials have been performed to develop the evidence for caring for persons with Alzheimer's Disease and Related Disorders (ADRD) in tightly controlled settings. These trials have found efficacy of a wide spectrum of interventions to address issues from advanced care planning to behavioral and psychological symptoms of dementia (BPSD). However, few ADRD interventions have been tested in wide-scale pragmatic fashion in long term supportive settings (LTSS) such as nursing homes, primary care clinics, hospices, or community based organizations. This is due to a variety factors, principle amongst them are the difficulty in implementing pragmatic trials, and that many of the interventions developed in tightly controlled settings are not directly translatable to real-world settings. Without translating and testing interventions in real world settings, the evidence base remains largely inaccessible to the end user, the persons with ADRD and their caregivers. Moreover, effectiveness remains unclear. The lack of pragmatic trials in ADRD exists despite significant recent investment from the NIH Office of the Director in a health systems collaboratory to support pragmatic clinical trials. In 2018, NIA therefore released a call for 2-phase intervention development and pragmatic trial testing via an R61-R33 mechanism (PAR-18-585). Four proposals were funded in September 2018 from this PAR. This symposium will explore the opportunities and challenges present in developing and testing pragmatic interventions in ADRD in LTSS. The speakers will also share specific scientific methodological and implementation questions that need to be addressed in applying for pragmatic trial awards.

DEVELOPING AND IMPLEMENTING ALIVIADO DEMENTIA CARE IN HOSPICES: CHALLENGES ENCOUNTERED AND LESSONS LEARNED

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Hospice was originally developed to care for individuals with metastatic, solid-tumor cancers. While advanced ADRD is now the primary illness in approximately 19% of the hospice population and presents as a co-morbid condition in many more, little evidence-based work has been performed to retool hospice to care for persons with ADRD and their caregivers. Aliviado Dementia Care-Hospice Edition is a systems level change program consisting of hospice workforce training, an implementation toolbox, and agency-wide workflow changes. Aliviado seeks to improve the quality of life for persons with ADRD and their caregivers receiving hospice, focused specifically on BPSD and pain assessment and management. In developing a coalition of hospice agencies and implementing this pragmatic intervention, we discuss our solutions to overcoming a number of barriers, including varying electronic health records, performing culture change with a disseminated workforce, scaling to 25 hospices, and working with some hospices who lack experience performing research.

THE PORCHLIGHT PROJECT: COLLABORATING TO ENHANCE THE DEMENTIA CAPABILITY OF COMMUNITY-BASED VOLUNTEERS

Joseph E. Gaugler,¹ Gabriela Bustamante,² Christina Rosebush,² Jeri Schoonover,³ Roxanne Jenkins,³ Nicole Bauer,³ Lisa Beardsley,³ and Laura Rowe,³ *1. University of Minnesota - School of Public Health, Division of Health Policy and Management, Minneapolis, Minnesota, United States, 2. University of Minnesota, Minneapolis, Minnesota, United States, 3. Lutheran Social Service of Minnesota, Saint Paul, Minnesota, United States*

Public health efforts to address Alzheimer' disease and related dementias (ADRD) are limited. Utilization of lay/peer intervention providers in the community to reach older persons and their families may offer a novel method to reach those in need. Such an approach may also serve as a fulcrum around which formal healthcare delivery and community-based LTSS are better integrated. This pragmatic trial, the Porchlight Project, aims to refine a multicomponent training approach for lay volunteers in Minnesota (i.e., Senior Companions) that enhances their capability to deliver dementia care and support to underserved older persons in need. This presentation will highlight the development and collaboration with Lutheran Social Services of Minnesota to refine and deliver a useful and feasible training program to enhance Senior Companions (n = 20) dementia care capability, as well as the potential and challenges of delivering a pragmatic trial of this type across the state of Minnesota.

CHALLENGES FOR IMPLEMENTING PRAGMATIC COMMUNICATION INTERVENTIONS IN NURSING HOME SETTINGS

Kristine N. Williams,¹ Clarissa Shaw,² and Carissa K. Coleman,³ *1. University of Kansas Medical Center, Kansas City, Kansas, United States, 2. University of Iowa College of Nursing, Iowa City, Iowa, United States, 3. University of Kansas School of Nursing, Kansas City, Kansas, United States*

Interventions to improve nursing home care have been developed and tested. However readily disseminated interventions are lacking. Barriers include low staffing levels contributing to limited time for education and high turnover of direct care and administrative staff. Educational interventions must be accessible to accommodate busy staff. Meaningful outcome measures are needed and interventions must fit varied nursing home sizes, ownership, resident population, and regions. Changing Talk Online (CHATO) was adapted from the effective, yet time-intensive, Changing Talk program addressing nursing home staff communication. The original classroom-based program significantly improved staff communication with residents and resulted in subsequent reductions in resident behavioral and psychological symptoms of dementia. Strategies for marketing and recruiting nursing homes and to engage administrators and staff will be discussed as implemented in the Changing Talk Online (CHATO) R61 trial. Approaches addressing unique nursing home challenges to implementation are essential for successful dissemination to improve care.

INVOLVING FAMILY TO IMPROVE COMMUNICATION IN PRIMARY CARE FOR PRIMARY CARE PATIENTS WITH DEMENTIA

Jennifer L. Wolff,¹ Sydney Dy,² Jennifer Afill,² Diane Echavarria,² Cynthia Boyd,³ David Roth,⁴ Jessica Colburn,⁴ and Danetta Sloan², 1. *Johns Hopkins University, Maryland, United States*, 2. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*, 3. *Johns Hopkins School of Medicine, Baltimore, Maryland, United States*, 4. *Johns Hopkins University, Baltimore, Maryland, United States*

Family caregivers are at the forefront of managing dementia but are not routinely included in discussions about prognosis and are often poorly prepared to engage in surrogate decision-making. Few interventions target advance care planning in primary care, which is where most persons with dementia are initially diagnosed and medically managed. SHARING CHOICES proactively engages family and support advance care planning in primary care by normalizing advance care planning discussions, clarifying the role of the family during interactions with primary care clinicians, providing ongoing access to a non-clinician trained to lead advance care planning conversations, facilitating registration for the patient portal enable and extending electronic interactions and information access to family caregivers, and providing education and resources about dementia for clinic staff. This presentation will discuss refinement of the SHARING CHOICES protocol and facilitators and challenges of executing a pragmatic trial of this type across two large primary care systems.

SESSION 1500 (SYMPOSIUM)

INTEREST GROUP SESSION—AGING AMONG ASIANS: RESEARCH METHODS IN AGING AMONG ASIANS

Chair: Wenjun Li, *University of Massachusetts Medical School, Worcester, Massachusetts, United States*

Co-Chair: Shantha Balaswamy, *The Ohio State University, Columbus, Ohio, United States*

Discussant: Allen Glicksman, *Philadelphia Corporation for Aging, Philadelphia, Pennsylvania, United States*

Asians are the largest and the fastest growing segment of the world population. Asian immigrants are the second largest immigrant population in the U.S. However, age-related social and health issues are understudied among late-life immigrant and the oldest old Asians. Little data exist to support public health promotion, policy studies and clinical practice in this population. To advance research into aging among Asians living in the U.S. and elsewhere in the world, sound methodologies can be adopted from those well-developed in other settings while novel methodologies are to be developed to meet the unique needs of Asian studies. This symposium brings together four abstracts that address a variety of common methodological issues in social and health studies among Asian older adults. The topics range from culturally and linguistically appropriate strategies for recruiting non-English speaking research participants, assessment of social isolation and transportation barriers using an ethnographical approach, development of a new culturally appropriate measure for successful aging among the oldest old Chinese in China, and evaluation of preventive healthcare use among faith-based first-generation Chinese immigrants using self-administered surveys in the U.S. These studies involve qualitative ethnographical analysis, mixed methods for instrument development, quantitative data analysis, use of geographic information systems and demography to plan participant recruitment, and use of staged community engagement to increase efficiency and representativeness of participant recruitment. Lessons learned from these studies are valuable to future studies on aging among Asians. This symposium is a collaborative effort of the GSA Aging Among Asians Interest Group.

APPROACHES TO RECRUITING NON-ENGLISH-SPEAKING LATE-LIFE CHINESE IMMIGRANTS FOR HEALTHY AGING STUDIES

Wenjun Li,¹ Linda Churchill,¹ Jie Cheng,¹ Rachel Siden,¹ and Annabella Aguirre¹, 1. *University of Massachusetts Medical School, Worcester, Massachusetts, United States*

Non-English Speaking late-life Chinese immigrants are hard to reach. We developed a staged, multi-facet, community-engaged approach to recruiting participants for aging research. We first used a direct mail campaign targeting neighborhoods with high concentrations of racial minorities, and sent mails to households with a possible Chinese family name. Invitational letter, interest survey and flyers are printed in traditional and simplified Chinese using large font. Flyers include a colorful graphic portraying diverse racial background. Prior to the mailing, we presented the study at senior centers, faith-based organizations, community centers and bingos that hosted higher rates of minority older adults. We posted study materials in Chinese language schools and Chinese “WeChat” groups. We also encouraged current participants to “tell a friend”. Chinese-English bilingual staff are trained and certified as recruiters. Within two months, over 50 participants from diverse neighborhoods are recruited.